

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 60130-1734/02MRA0364

First Named Inventor Jelley

COMPLETE IF KNOWN

Application Number /

Filing Date Herewith

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GAIN STABILIZING SELF-ENERGIZED BRAKE MECHANISM

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) [redacted]

as United States Application Number or PCT International

Application Number [redacted]

and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label **026096** OR Correspondence address below

Name John M. Siragusa

Address 400 W. Maple Road

Address Suite 350

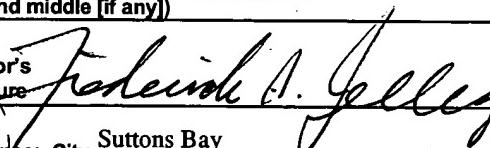
City Birmingham	State Michigan	ZIP 48009
------------------------	-----------------------	------------------

Country United States	Telephone (248) 988-8360	Fax (248) 988-8363
------------------------------	---------------------------------	---------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
---	---	--	--

Given Name Frederick A. (first and middle [if any])	Family Name Jolley or Surname		
--	--	--	--

Inventor's Signature 	Date 10/22/03		
---	----------------------	--	--

Residence: City Suttons Bay	State MI	Country U.S.	Citizenship U.S.
------------------------------------	-----------------	---------------------	-------------------------

Mailing Address 360 N. Nanagose Trail
--

Mailing Address

City Suttons Bay	State MI	ZIP 49682	Country U.S.
-------------------------	-----------------	------------------	---------------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
---------------------------------	---	--	--

Given Name Joseph A. (first and middle [if any])	Family Name Kay or Surname		
---	---	--	--

Inventor's Signature	Date
-----------------------------	-------------

Residence: City Highland	State Michigan	Country U.S.	Citizenship U.S.
---------------------------------	-----------------------	---------------------	-------------------------

Mailing Address 826 Hickory Ridge Road

Mailing Address

City Highland	State Michigan	ZIP 48357	Country U.S.
----------------------	-----------------------	------------------	---------------------

<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label 026096 OR Correspondence address below

Name John M. Siragusa

Address 400 W. Maple Road

Address Suite 350

City Birmingham	State Michigan	ZIP 48009
Country United States	Telephone (248) 988-8360	Fax (248) 988-8363

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name Frederick A. (first and middle [if any])	Family Name Jelley or Surname
--	----------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Suttons Bay	State MI	Country U.S.	Citizenship U.S.
-----------------------------	----------	--------------	------------------

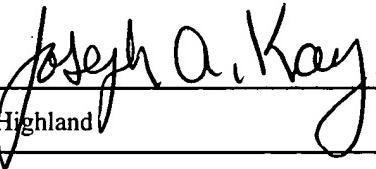
Mailing Address 360 N. Nanagose Trail

Mailing Address

City Suttons Bay	State MI	ZIP 49682	Country U.S.
------------------	----------	-----------	--------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Joseph A. (first and middle [if any])	Family Name Kay or Surname
---	-------------------------------

Inventor's Signature 	Date 10/21/03
--	---------------

Residence: City Highland	State Michigan	Country U.S.	Citizenship U.S.
--------------------------	----------------	--------------	------------------

Mailing Address 826 Hickory Ridge Road

Mailing Address

City Highland	State Michigan	ZIP 48357	Country U.S.
---------------	----------------	-----------	--------------

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

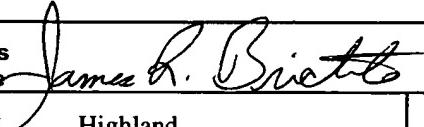
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname		
--	------------------------	--	--

James R.	Brichta		
----------	---------	--	--

Inventor's Signature 	Date <u>10/20/03</u>		
--	----------------------	--	--

Residence: City <u>Highland</u>	State <u>MI</u>	Country <u>United States</u>	Citizenship <u>U.S.</u>
---------------------------------	-----------------	------------------------------	-------------------------

Mailing Address 3611 Kingsway Drive

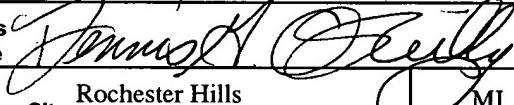
Mailing Address

City <u>Highland</u>	State <u>MI</u>	ZIP <u>48356</u>	Country <u>United States</u>
----------------------	-----------------	------------------	------------------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname		
--	------------------------	--	--

Dennis G.	O'Reilly		
-----------	----------	--	--

Inventor's Signature 	Date		
--	------	--	--

Residence: City <u>Rochester Hills</u>	State <u>MI</u>	Country <u>United States</u>	Citizenship <u>U.S.</u>
--	-----------------	------------------------------	-------------------------

Mailing Address 492 Essex Drive

Mailing Address

City <u>Rochester Hills</u>	State <u>MI</u>	ZIP <u>48307</u>	Country <u>United States</u>
-----------------------------	-----------------	------------------	------------------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname		
--	------------------------	--	--

Christopher S.	Keeney		
----------------	--------	--	--

Inventor's Signature 	Date <u>10/20/03</u>		
--	----------------------	--	--

Residence: City <u>Troy</u>	State <u>Michigan</u>	Country <u>United States</u>	Citizenship <u>U.S.</u>
-----------------------------	-----------------------	------------------------------	-------------------------

Mailing Address 4318 Clarke Drive

Mailing Address

City <u>Troy</u>	State <u>Michigan</u>	ZIP <u>48085</u>	Country <u>United States</u>
------------------	-----------------------	------------------	------------------------------

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jaeho		Kwak	
Inventor's Signature		Date	
Residence: City	IN	United States	Korean
West Lafayette			
State			
Country			
Mailing Address			
226-10 Arnold Dr.			
Mailing Address			
City	IN	ZIP 47906	United States
West Lafayette			
State			
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Dennis A. Kramer		Kramer	
Inventor's Signature	<i>Dennis A. Kramer</i>		Date <u>OCT. 20, 2003</u>
Residence: City	Michigan	United States	U.S.
Troy			
State			
Country			
Mailing Address			
1903 Spiceway			
Mailing Address			
City	Michigan	ZIP 48098	United States
Troy			
State			
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Troy			
State			
Country			
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jaeho		Kwak	
Inventor's Signature			Date <u>10/20/03</u>
Residence: City	West Lafayette	IN State	United States Country
Citizenship Korean			
Mailing Address 226-10 Arnold Dr.			
Mailing Address			
City	West Lafayette	IN State	ZIP 47906 Country United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Dennis A. Kramer			
Inventor's Signature			Date
Residence: City	Troy	Michigan State	United States Country
Citizenship U.S.			
Mailing Address 1903 Spiceway			
Mailing Address			
City	Troy	Michigan State	ZIP 48098 Country United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
M. Lee Murrah	27,460		
Pete N. Kiousis	41,117		
Theodore W. Olds	33,080		
John E. Carlson	37,794		
David J. Gaskey	37,139		
Kerrie A. Laba	42,777		
William S. Gottschalk	44,130		
David L. Wisz	46,350		
Karin H. Butchko	45,864		
John M. Siragusa	46,174		
Anthony P. Cho	47,209		
Anna M. Shih	36,372		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.